



# *COMMONWEALTH of VIRGINIA*

## *Department for the Aging*

Jay W. DeBoer, J.D., Commissioner

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#### **VDA ID NUMBER**

**[Training and Technical Assistance Needs Survey Summary](#)  
(Elaine Smith)**

**06-28**

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*COMMONWEALTH of VIRGINIA*  
*Department for the Aging*  
Jay W. DeBoer, J.D., Commissioner

**MEMORANDUM**

**TO:** Executive Directors  
Area Agencies on Aging

**AND:** Nutrition Directors

**FROM:** Elaine S. Smith, MS, RD  
Program Coordinator

**DATE:** November 29, 2005

**SUBJECT:** Training and Technical Assistance Needs Survey Summary

Thank you to everyone who took the time to complete the Nutrition Program Questionnaire. I enjoyed reading everyone's responses and have received a lot of useful feedback for the future.

Following is a preliminary compilation of questionnaire responses. Feel free to let me know if there is anything you would like to add or if there are any ideas you particularly agree or disagree with when you look at the summary.

**It's not too late** to return your survey if you have not done so. Please make sure your opinion is included!

PSA s responding 1,2,4,6,7,8A,8B,8C,8E,11,14,15,17/18,21,22

## NUTRITION PROGRAM QUESTIONNAIRE 2005

### Summary

#### General information on your nutrition program

1. Who provides the food for congregate and home delivered meals? (central kitchen, vendors, etc.)

- Traditions, frozen meal vendor
- Cook in-house at each site
- Local hospital caters
- Canteen, hot meal vendor
- Bluedog, frozen and shelf stable meal vendor
- Aramark
- Assisted living caters
- MOW, catered by Aramark
- Public Schools cater
- Retirement Home caters
- Dept of Housing caters
- Korean Central Presbyterian Church
- Sun Meadow/GA Foods, frozen and shelf stable meal vendor
- Sub contractor, Daily Bread for hot and shelf stable
- Central kitchen
- Sodexho

2. What types of meals are provided? (hot, chilled, shelf stable, frozen, breakfast, etc.)

#### Home delivered

- Hot meals
- Shelf stable meals
- Liquid nutrition meals
- Individually packaged frozen meals
- Chilled meals occasionally
- 10 each lunch and breakfast (shelf stable)/month
- Hot meal and bag lunch
- Breakfast bags
- Chilled, daily

#### Congregate

Hot meals  
Chilled meals occasionally  
Frozen meals heated  
Breakfast, hot/cold  
Hot dinner once a week

3. Who delivers home delivered meals? (AAA volunteers, Meals on Wheels, staff drivers, volunteer drivers, etc.)

- Staff drivers
- Staff and volunteer drivers
- Meals on Wheels volunteer drivers
- Volunteer drivers
- MOW volunteers – individuals, church groups, community service groups
- On site staff, as needed
- AAA volunteer drivers

4. Do you use restaurant vouchers? If yes, explain how the program works and/or attach policies and procedures.

- No AAA's reported using restaurant vouchers.
- However, one AAA has a contract with a local restaurant to provide HDM and CM. Participants from other jurisdictions may eat at the restaurant and the AAA is charged the same as for HDMs.
- Another AAA works with a Korean restaurant to deliver meals to a Korean Center.

5. Which VDA nutrition standards do you find it hardest to comply with?

- Providing Nutrition Education for HDM participants.
- The UAI and nutritional screening for every person that receives a meal, because clients do not like giving their life story.
- HDM: limiting time in transit because we have such a large rural area.
- It's a challenge prioritizing the socially isolated clientele particularly in our area with the transportation costs.
- Volunteer compliance with recording beginning and ending route temperatures for HDM. Have never been able to get volunteers to do this.
- Sodium content of foods – new food pyramid – congregate sites.
- Temperature testing through the 38 routes with volunteers delivering.
- All the standards are fine; the challenge is getting staff to follow-through with all the regulations.
- Low sodium—since many of the foods we use are prepackaged, this makes it hard to keep sodium content to a minimum.
- Special diets.
- Because we have to purchase frozen meals and shelf-stable, sodium content becomes one of the hardest to control and still give our clients a large choice.
- None, have been able to comply with current standards—3 responses
- Our AAA feels that all the standards are to be done. So, we the staff comply with them.
- Maintaining temperatures for HDM, however we do follow the 2 hour rule.

- Monitoring and maintaining hot food temperatures.
- Menu changes made by vendor without notification/approval.

6. Were there problems noted with the nutrition programs on your last VDA monitoring? If so, what were they and what progress are you making to correct them?

- Review and reinforce policy for taking food/milk home.
- Needed pallets on floor in walk-in freezer.
- Mixing of sanitizing solution.
- Review MSDS sheets.
- Temperature documentation incomplete for HDM routes and CM sites.
- Client contribution procedure not private and confidential.
- Hazardous food policy not posted.
- Food vendor is now using a stamp on hot food lid indicating how to reheat and to refrigerate if not eaten immediately. Plan to implement this with all vendors soon.
- N/A as far as programming. We were challenged by the enormity of our data requirements and the reporting to VDA/AIM. We are much improved since the monitoring.
- Temperature monitoring was not always recorded. Corrected by having temperatures posted daily on route map sheets. Has been corrected with minimal reminders. Plus all routes are now 1 hour or less.
- Temperature monitoring.
- Temperature sheets were not dated sometimes and milk temperatures were recorded along with dessert temps. New temperature sheets were developed.
- Not listed as a problem but in order to address meal temperatures, we have re-organized and shortened meal delivery routes, purchased new insulated meal delivery bags, and purchased new bulk food containers.
- Serving utensils and thermometer were in unlabeled pitcher of sanitizer.
- Meal temperatures were not within acceptable temperatures when delivered to the sites.
- MOW volunteers do not take temperatures at the last delivery stop but base procedures on time rather than temperature. They have switched to chilled rather than hot meals and additional routes have been added to keep delivery times within safe limits.

7. Describe any grants/special projects that your nutrition program is working under now or in the recent past.

- Healthy Aging Initiative mini-grant to address the benefits of physical activity for persons with chronic illnesses.
- Altria grant for hot boxes and home delivered meals.
- We are currently working with a company, Transformation Systems, Inc., to complete a review of the congregate program. The main purpose of this transformation project is to

achieve greater program utilization by younger retirees as well as older seniors. A secondary goal is to develop a framework that links program activities with desired outcomes.

- Wheels-4-Meals – sheriff departments deliver the HDM in inclement weather when our vans cannot go out.
- Adopt-A-Grandparent.
- Deliver breakfast bags (28 meals) to HDM and Dining Centers each month.
- Saturday HDM program.
- Brown bags with local food bank.
- Augusta Health Care Community Health Foundation recently awarded us a grant to continue our senior “working on wellness” initiative. This program includes a nutrition education component.

## Nutrition Supplements

- Of 15 AAAs responding, 9 are providing Nutrition Supplements, 6 are not

### 1. Who is eligible to receive nutrition supplements?

- Person who meets OAA requirements for HDM and requires liquid nutrition due to illness or other physical/mental condition.
- Same as for meals except we require doctor’s written authorization.
- Frail, underweight, extremely ill or those who cannot eat a general diet.
- Same as for HDM plus have a prescription from M.D.
- Residents 60 or older who have a documented need for them.
- Residents 60 or older, disabled, unable to meet nutritional needs through normal food intake, income guidelines (jurisdiction), M.D. prescription.
- Persons 60 and older as assessed by caseworker per doctor’s orders.
- Any eligible HDM client.
- 60+, weight loss of 10 lbs. or more, homebound.
- Individuals 60 years and older who are low-income, homebound, malnourished, have had significant weight loss over a short period of time, and have a medical need for supplements.

### 2. Is a doctor's order required?

- Yes, by all AAAs offering liquid supplements

### 3. Is a nutrition assessment by a registered dietitian required?

- Not by any AAAs

4. Do you count the supplement as an eligible meal? If so, how many cans equal one meal?

- 48 cans = 20 meals (~2.4 cans = 1 meal)
- 2 cans = 1 meal, 3 AAAs
- 1 can = 1 meal, 2 AAAs
- 2.5 cans = 1 meal
- 3 cans = 1 meal
- 24 cans = 9 meals (~2.67 cans = 1 meal)

5. How many total eligible meals did you have in FY 2005? How many of your total eligible meals in FY 2005 were nutrition supplement meals?

- Very rough approximation % of total meals represented by nutrition supplements: 21%, 13.4%, 2%, 25%, 34%, 15%, 2%, 11%

6. What types of supplements are available?

Ensure	Ensure Plus
Glucerna	Pulmocare
Resource Plus	Boost Plus
Boost Diabetic	Resource
Diabetic Resource	Osomolite
Jevity	TwoCAL HN

## Information and Training Needs

1. Would you be interested in a nutrition newsletter from VDA? If so, how often and what types of information would you like to see in a newsletter? Would you be willing to contribute information/articles to a newsletter?

How often

- Quarterly—7
- At least quarterly
- Quarterly or bimonthly
- Bimonthly
- I would like once a week (!!!) > Elaine's edit ;-)
- Monthly—2

Types of information

- New food pyramid
- Label reading
- Food safety
- Special diets
- Cooking for one or two

- Liquid food supplements
- Clarification of terms such as “natural”, low-fat, fat-free, sugar-free
- Information on vitamin & mineral supplements and herbal remedies
- Brief, easy to read materials on Food Safety for HDM participants
- Particular agency success stories/program accomplishments—2
- Product reviews
- Human interest stories about clients served
- Fundraising and grant info
- Best practices across the state—4
- Question and Answer column
- ADA updates
- Resources for nutrition and health promotion training
- News about HDM programs
- New products
- Something we could use to give to clients on nutrition
- Websites to download info
- Menu suggestions
- Standards/norms
- DRI's
- Nutritional information
- Ethnic meal ideas
- Nutritional snacks seniors can prepare quickly at home
- How seniors at home can meet the 1/3 DRI using prepackaged foods
- Program updates
- Training opportunities
- Technical Assistance Q&A
- Q&A Forum
- Innovative ideas

Would you be willing to contribute/other comments

- Partner with VPI Extension Service on producing a newsletter
- I feel the Tuesday E-Mailings give us good information
- Tuesday mailing is sufficient
- I would be willing to provide information as time permits—5
- A nutrition newsletter would be helpful. Those of us not in ADA loop would benefit from nutrition updates/information from ADA
- I think that it would be very helpful to have some kind of publication which serves to inform the aging network of what each of us is doing. I believe a newsletter would accomplish this very well

## 2. What types of information do you need to receive in the Tuesday E-Mailings?

- Information sharing on what is working well for other AAA Nutrition Programs
- Training opportunities for staff
- Special projects at Nutrition Sites
- Health programs that can be used at nutrition sites and to distribute to the home delivered meals clients
- Tuesday mailings are not sent directly to me. However, pertinent information regarding nutrition programming is gleaned from each mailing, printed and provided to me by our Finance staff
- Anything that is available that would help our agency
- Info on implementing the service standards
- Nutrition and food safety
- Menu planning
- Same as has been done
- Current information about aging related programs
- Changes to policies—2
- New programs and services
- Nutrition information and portion sizes
- Any changes in the VDA standards—3
- Workshops, training available
- Nutrition updates
- Guideline changes, procedures
- Ways to improve practices
- Best practices/ideas from other programs
- Meetings
- Menu suggestions
- New worker trainings
- Surveys
- State and local issues
- Technical assistance
- Training schedules

### 3. How can the VDA Program Coordinator help you in carrying out your program?

- Occasional conference calls to bring Nutrition Directors together with the State Coordinator for Q & A can be helpful and interesting for all.
- Just being available to answer any questions that arise is a big help.
- It seems that the frequently asked questions document posted on the web site hasn't been updated since 2002. It would be nice if you continued to update a knowledge base of some kind that addresses best practice issues, frequently asked questions, and even the not so frequently asked questions.
- At present we would like any information regarding the menus that would help incorporate new pyramid guidelines.
- Continuing to be there as a resource for us, and sharing info from other programs as well as guiding us to maintain standards.
- Periodic information bulletins about new practices in AAA nutrition programs would be helpful.
- Come visit and also do some training in this area. I'd like to show you the spectrum of programs we have from the smallest to the largest, from the fanciest to the simplest—we have 27 programs.
- By providing ideas/topics that are understandable and specifically oriented for seniors.
- Circulate newsletter program updates and best practices from other jurisdictions.
- Be supportive and understanding in regards to dealing with seniors and having a staff of Senior Citizens
- More information on best practices/ideas
- Best practices exchanges (as in selecting AAAs to report on the delivery models (what really works)
- Providing technical assistance and sharing best practices
- Be available to talk through program issues and offer suggestions/solutions that may have been successful at other AAA's

4. How do you best like to receive information? (Fax, e-mail, US mail, etc.)

- *E-mail was the most frequent response however, a variety of methods will continue to be used in order to get information out to you*

5. Please list any suggested topics and/or speakers for Nutrition Director Training/Meetings.

- Providing Nutrition and Health Education for congregate and home delivery participants (particularly the latter)
- Providing reliable information on herbal remedies (to include teas), vitamin/mineral products and other “natural” products
- Fundraising—2
- How to do more services with fewer funds
- Grant opportunities
- How to increase clients both homebound and for senior centers
- How to recruit volunteers
- Programming
- Use of MyPyramid.gov site (training clients to use/implement) and how to include persons without access to a computer
- Other nutrition program new initiatives such as providing ethnic meals
- Tools used in addition to the UAI to assess clients in need of a nutritional supplement
- Coping with getting older
- Disease prevention
- Depression and Nutrition
- Special diet considerations
- Utilizing Nutrition Health Screening forms
- Open to anything
- Trends
- Motivating volunteers
- Food safety and sanitation
- New worker training

6. Please list any suggested topics/speakers for Site Manager/Contractor training and technical assistance.

- Training related to site activities
- Dealing with difficult participants—3 > ( *Elaine's edit* > *what makes them "difficult"? cognitive impairment, complaints, motivation, unrealistic expectations of the program?* > *we should determine some specifics*)
- Programming including night programs for the public
- Exercise routines for congregate sites that can be performed either sitting or standing
- Programs/info for homebound
- Program planning
- Training on new guidelines
- Supervision/employment issues
- Open to anything
- Staff motivation
- Site activities
- Client motivation
- Recognition of health issues
- Fundraising
- Monitoring
- Participant assessments
- Assessing the training needs of staff
- Menu planning
- Sharing menus developed by/for AAAs
- Communication skills
- Assertiveness training
- Dealing with older adults with cognitive impairments

## Menu Planning

### 1. Who plans the menus?

- Vendor's dietitian—3
- Vendor/Caterer/Contractor —5
- AAA staff (Nutrition Dir/Assist, etc)—5
- Vendor w/ input from AAA staff and clients and approval of Nutr Dir—2
- AAA's Consultant dietitian
- Combinations of the above

### 2. Who does the nutrition analysis?

- Vendor's dietitian—4
- Vendor/Caterer/Contractor—6
- AAA staff
- AAA's Consultant dietitian—2

### 3. Is a computerized nutrition analysis program used or is the menu compared to a standardized meal pattern to estimate the nutrient content of the menus?

- Computerized—3
- Standard meal pattern—4
- Didn't know or Elaine couldn't determine from the survey response—6

### 4. If a computerized nutrition analysis program is used, what is the name of the program?

- The Menu Meter by School Lunch Computer Services Inc.
- *Most did not know*

### 5. If a standardized meal pattern is used, what are the components of the meal pattern?

*(What I was asking for here was—if a meal pattern is used to estimate the nutrient content of a planned meal, what foods are included in the meal pattern and how much or how many servings? Such as 1-3oz serving meat/meat alternative, 2 servings  $\frac{1}{2}$  cup vegetables, 2 servings bread, 1-8 oz serving of milk, etc.)*

- 1 meat, 2 vegetables, 1 fruit, 2 bread, 1 milk
- 3 oz. Meat, 3-1/2c servings fruit and vegetables, 2 bread, 1/2c dessert
- 2 oz meat, 2-1/2 cup servings vegetables, 2 servings bread/pasta, 1 tsp marg, 1/2 cup dessert, 1 cup milk
- *Due to the question not being clear, most did not give the pattern or did not elaborate beyond "the meal pattern provides 1/3 RDA/DRI"*

6. What, if any, changes have you implemented so that menus comply with the 2005 Dietary Guidelines and DRIs?
7. How are these changes working out? In terms of budget? In terms of senior acceptance?
  - *Although several surveys mentioned menu changes to reflect seasonal changes and cultural preferences, most have either made no changes or gave no specific changes designed to meet new Dietary Guidelines/DRI.*
  - *Several said they are waiting to see what changes VDA implements.*
8. Some people have asked for menu planning training to include actually planning menus as a group during the training session. Others feel it is a waste of time because they aren't responsible for planning menus. Please indicate your opinion of "hands on" menu planning training and whether you would participate if the training were available and convenient for you to attend.
  - *There was overwhelming support for menu planning training. Even many people who aren't responsible for planning menus felt they would like to participate since they are accountable for the quality of the meals and for whether meals are meeting VDA and OAA guidelines.*

Please feel free to add any other information, questions, comments, and concerns. Thank you!

- Please consider varying location site of training. Richmond, or even Prince William? Or perhaps offering more than 1 session in 2 different locations.